

**Conclusions:** Our study showed a high prevalence of physical violence with different shapes.

These figures must be taken into account by the authorities given the gravity of physical and psychological consequences of this form of violence.

**Disclosure of Interest:** None Declared

## EPV1117

### Assessing coping strategies among intimate partner violence victims

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**Introduction:** Intimate partner violence (IPV) is a major source of perceived stress for the women who suffer from it. To cope, they tend to implement multiple coping strategies depending on a number of contextual factors including, among others, the severity and frequency of abuse, the duration of the relationship, and available resources such as social support and financial resources.

**Objectives:** To study the coping strategies used by women who are victims of IPV.

To study the factors associated with coping strategies among these women.

**Methods:** We conducted a descriptive and analytical cross-sectional observational study, carried out over a 10-month period from March 2021 to December 2021, among female victims of IPV consulting psychiatric emergencies at UHC Hedi Chaker, Sfax, Tunisia for medical expertise at the request of the court.

The Brief-COPE is a 28-item self-assessment questionnaire designed to measure coping with a stressful life event. It can be divided into 3 subscales: problem-focused, avoidance-focused, and emotion-focused.

**Results:** The total number of participants was 120 with an average age of 37.27 years. The majority had secondary education or less (62.5%), were professionally active (53.3%), and were financially dependent on their partners (26.7%). As for the women's clinical characteristics, 19.2% were under psychiatric care and 15% had attempted suicide (SA). Almost all the women surveyed (99.2%) had reported at least one previous incident of IPV. These incidents were daily in 60.5% of cases. Emotional violence was severe in 75.8% of women.

The emotion-focused strategy was the most widely used, with a mean score (29.68) on the Brief cope scale. It was correlated with the absence of a personal psychiatric history ( $p=0.02$ ), the absence of SA ( $p=0.036$ ), and the occasional frequency of IPV ( $p=0.037$ ). The scores for problem-focused coping and avoidance-focused coping are 19.3 and 17.24 respectively. Avoidance-focused coping was negatively correlated with the presence of severe emotional abuse.

**Conclusions:** The most used strategy by our population was the emotion-focused strategy, with a relatively high average score compared to the other strategies. Indeed, it may be an extremely effective strategy for recovering from a traumatic event, through actions designed to help these women manage and relieve their psychological distress and reduce its negative impact.

**Disclosure of Interest:** None Declared

## EPV1118

### Women with borderline personality disorder and pathophilia: understanding causes of pandemic diffusion of transmissible diseases through samos syndrome

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**Introduction:** When faced with perilous transmittable infections, individuals defend themselves or welcome them, such as the Samos Syndrome, a pathophilia (people attracted by illnesses). As borderline personality disorder (BPD), found in Samos Syndrome, becomes more common, so will people who reject primary protection from transmittable diseases and health behaviour as their choices. Pandemics would sinisterly draw pathophiles and persons with borderline personality disorder who might surf pandemics risk as a parasuicidal behaviour.

**Objectives:** To investigate why pandemics (HIV, COVID-19) cannot be stopped. We have conducted a long-term assessment of HIV-discordant couples where a female partner, HIV-negative, voluntarily chooses to decline any prevention during stable and consensual relationships with HIV+ve partners. We also explored sociodemographic data that could explain health behaviours and condom use in HIV serodiscordant couples at risk of pandemic diffusion, those where one of the partners, usually male, already has a transmissible disease.

**Methods:** We used a mix of naturalistic and ethnographic approaches to understand the dynamics of Samos Syndrome. We also utilised a questionnaire to extract salient points in the sexual prevention of HIV infection. We assessed 475 HIV-serodiscordant couples.

**Results:** Pathophilia is defined as an excessive, abnormal desire to be sick, also known as nosophilia, from the Greek word 'pathos' indicating illness and 'philia', meaning attraction. Women diagnosed with BPD can become high diffusers during pandemics of transmissible diseases as suffering from pathophilia, a form of parasuicidal behaviour. In the couples assessed, when the HIV-negative woman comes from a socially disadvantaged family, the couple uses condoms in 87% of cases ( $p<0.001$ ); when she comes from a middle-high class, the couple uses condoms in 59% ( $p<0.001$ ) of sexual relationships. Suppose the HIV-negative female partner has conflicting relationships with their parents. In that case, condom use is only in 40% ( $p<0.001$ ) of cases, compared to 83% ( $p<0.001$ ) of instances where she has a good relationship with parents. If the female partner with BPD has a higher level of education than the HIV+ve partner the frequency of use is 90% ( $p<0.001$ ) of cases compared to 60% ( $p<0.001$ ) of instances where she has the same level of education as the male partner.

**Conclusions:** The current study confirms that female persons diagnosed with BPD are at high risk of becoming high diffusers during transmissible diseases and pandemics. Parasuicidal

behaviours and self-harm in BPD could increase the risk of entering into relationships with persons who are already infected by sexually communicable diseases or are at risk of diffusing viral infections (HIV and COVID-19).

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## EPV1119

### Home Treatment and Perinatal Psychiatry: An Alternative to Acute Psychiatric Wards

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**Introduction:** Women experiencing severe perinatal mental health problems require specialized services and care. Perinatal mental disorders are common and can contribute to maternal mortality, affecting neonatal, infant, and child outcomes. Home treatment can prevent hospital admissions and promote strategies within the patient's support network.

**Objectives:** Our aim is to describe a clinical case in perinatal psychiatry managed by a Psychiatric Home Treatment Unit.

**Methods:** We present a case of perinatal psychotic depression in a 26-year-old pregnant woman.

**Results:** We describe the case of a patient with no prior history of mental health issues. She was 25 weeks pregnant when she first sought psychiatric help in July 2023 and was diagnosed with depressive disorder with psychotic symptoms. She reported symptoms such as low mood, psychomotor inhibition, delusional guilt thoughts, and auditory hallucinations beginning three weeks before her initial visit. Due to her clinical presentation, the patient was admitted to the hospital, where pharmacological treatment was initiated with Olanzapine 5 mg, Sertraline 50 mg, and Lorazepam 1.5 mg. She remained in the hospital for four days, during which she showed gradual improvement but did not achieve full recovery.

Considering the improvement observed, home treatment was proposed and accepted by the patient and her relatives. During home treatment, she continued to exhibit persistent depressive and psychotic symptoms, including low mood, inhibition, and delusional thoughts of ruin and catastrophe. Therefore, her treatment was adjusted, with Olanzapine increased to 10 mg, Sertraline raised to 100 mg, and Lorazepam reduced to 0.75 mg. Over time, significant improvement in her clinical symptoms was noted. Throughout the follow-up period, she reported no significant side effects from the pharmacological treatment. After a month of follow-up in our department, she was discharged with outpatient care provided by a specialized community perinatal psychiatric unit.

**Conclusions:** We illustrate the possibility of home treatment for perinatal psychiatric disorders. The potential benefits of remaining close to one's support network and developing coping strategies can be advantageous during the course of illness. Further studies should be conducted to explore these potential benefits.

**Disclosure of Interest:** None Declared

## EPV1120

### Postpartum Depression: Plaguing the Joy of New Mothers

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**Introduction:** Depression is a significant global mental health problem and is very common compared to how it is perceived. In 2020 alone, 264 million people globally suffered from depression and its different forms as per the World Health Organisation. It is a leading cause of disability in individuals, affecting their ability to perform their daily chores, work, study, and even maintain relationships. The impact of depression is deeper and affects families, the economy, health care systems, and so on.

In India, the problem is grave and leads to serious consequences, thanks to the stigma and unawareness attached to mental health disorders. It is estimated that India has one of the highest rates of depression in the world, but it is hardly acknowledged.

Post-Partum Depression (PPD) is the most neglected and unreported subtype of depression in India. Globally, 1 in every 7 women suffers from Post Partum Depression. India is such a diverse country in terms of prevalence varies from 15% to 25% based on region, population, cultural and social expectations, economic status, living standard, climate factors, and others.

**Objectives:** The objective of the study is to spread awareness, identify the risk factors, root cause analysis of risk factors, possible solutions, and treatments.

**Methods:** This study is conducted to capture the awareness level of PPD in females across different ages, regions, income classes, cultures, working statuses, and societies. This is carried out using a detailed yet anonymous survey, it captures the demography, knowledge of signs and symptoms of PPD, personal experiences, attitudes, expected support for PPD, and awareness of possible healthcare options. The result of the study tries to understand and conclude the most common risk factors, groups at highest risk, a root cause analysis of the risk factors, and possible solutions and treatments.

**Results:** PPD occurs in the postnatal period, typically within the first year after childbirth. This condition can have a significant impact on the new mother and the infant's well-being. The mother's ability to take care of the child and herself is hugely impacted, impacting the child's development and family dynamics negatively. Pushing to the limits, certain communities that believe in superstition and taboo often take PPD as an excuse to blame the mother resulting in the extremities like suicides.

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